| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| DISTRICT OF OREGON                              |                               |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:  | Identify Yourself   |  |   |
|-----|--|---|--|---|
|     |  |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You  | r full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for |   | Brittany First name                      | First name                                    |
|     | example, your driver's license or passport).                                 | Lee   |  |   |
|     |  | Middle name   | Middle name                              |   |
|     |  | g your picture<br>tification to your  | Bivans                                   |   |
|     |  | ting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |  |   |  |   |
| 2.  |  | other names you have<br>d in the last 8 years   |  |   |
|     |  | ide your married or<br>den names.   |  |   |
| 3.  | you<br>num<br>Indi   | r the last 4 digits of<br>r Social Security<br>ber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-3308                              |   |
|     |  |   |  |   |

|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|---|---|---|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names      | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)  |  |  |
|   | EINs  | EINs  |  |  |
| Where you live  | 4950 Wolf St. N   | If Debtor 2 lives at a different address:   |  |  |
|   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |
|   | County  | County  |  |  |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |
|   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| Why you are choosing<br>this district to file for<br>bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |
|   | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names    Business name(s)   |  |  |

| Deb | otor 1 Brittany Lee Bivar   | ıs  |                            |   | Case number (if known)   |                                   |  |  |
|-----|---|---|----------------------------|---|--|-----------------------------------|--|--|
|     |   |   |                            |   |  |                                   |  |  |
| Par | t 2: Tell the Court About   | our Bankruptcy  | Case                       |   |  |                                   |  |  |
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                            |   |  |                                   |  |  |
|     | choosing to file under  | Chapter 7   |                            |   |  |                                   |  |  |
|     |   | ☐ Chapter 11  |                            |   |  |                                   |  |  |
|     |   | ☐ Chapter 12  |                            |   |  |                                   |  |  |
|     |   | ☐ Chapter 13  |                            |   |  |                                   |  |  |
|     |   | - Chapter 10  |                            |   |  |                                   |  |  |
| 8.  | How you will pay the fee  | about how<br>order. If y  | you may pay. T             | e entire fee when I file my petition. Please check with the clerk's office in your local court for more court may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or not attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check address. |  |                                   |  |  |
|     |   |   |                            | <b>estallments.</b> If you choose the onto (Official Form 103A).  | is option, sign and attach the App   | olication for Individuals to Pay  |  |  |
|     |   | ☐ I request   | that my fee be v           | vaived (You may request this  | s option only if you are filing for C  |                                   |  |  |
|     |   | applies to  | your family size           | and you are unable to pay the   | ly if your income is less than 150 e fee in installments). If you chood (Official Form 103B) and file it v | se this option, you must fill out |  |  |
| 9.  | Have you filed for  | ■ No.   |                            |   |  |                                   |  |  |
|     | bankruptcy within the last 8 years?   | ☐ Yes.  |                            |   |  |                                   |  |  |
|     |   | Distr   | ict                        | When  | Case numb  | er e                              |  |  |
|     |   | Distr   |                            | When  | Case number  |                                   |  |  |
|     |   | Distr   |                            | When  | Case number  |                                   |  |  |
|     |   | 2.0   |                            |   |  |                                   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No  |                            |   |  |                                   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.  |                            |   |  |                                   |  |  |
|     |   | Debt  | or                         |   | Relationship   | to you                            |  |  |
|     |   | Distr   | ct                         | When  | Case number  | r, if known                       |  |  |
|     |   | Debt  | or                         |   | Relationship   | to you                            |  |  |
|     |   | Distr   | ct                         | When  | Case number  | r, if known                       |  |  |
| 11. | Do you rent your  | □ No. Go  | to line 12.                |   |  |                                   |  |  |
|     | residence?  |   | vour landlord of           | otained an eviction judgment  | against vou?   |                                   |  |  |
|     |   | Yes.  | No. Go to lin              |   |  |                                   |  |  |
|     |   |   | Yes. Fill out bankruptcy p |   | riction Judgment Against You (Fo   | rm 101A) and file it with this    |  |  |
|     |   |   |                            |   |  |                                   |  |  |

| Deb | otor 1 Brittany Lee Biv   | ans         | Case number (if known)   |
|-----|---|-------------|--|
|     |   |             |  |
| Par | Report About Any I  | Businesses  | ou Own as a Sole Proprietor  |
| 12. | Are you a sole proprieto of any full- or part-time business?  | or<br>■ No. | Go to Part 4.  |
|     |   | ☐ Yes.      | Name and location of business  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.   |             | Name of business, if any   |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |             | Number, Street, City, State & ZIP Code   |
|     | it to this petition.  | 1           | Check the appropriate box to describe your business:   |
|     |   |             | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  |
|     |   |             | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  |
|     |   |             | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))   |
|     |   |             | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  |
|     |   |             | ☐ None of the above  |
| 13. | Chapter 11 of the Bankruptcy Code and are you a small business debtor, cash-flow statement, and federal income tax return or if any of these documents do not ex debtor?  If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent bala operations, cash-flow statement, and federal income tax return or if any of these documents do not ex in 11 U.S.C. 1116(1)(B). |             |  |
|     | For a definition of small   | ■ No.       | I am not filing under Chapter 11.  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.       | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
|     |   | ☐ Yes.      | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.      |
| Par | t 4: Report if You Own  | or Have Any | Hazardous Property or Any Property That Needs Immediate Attention  |
| 14. | Do you own or have any  |             |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | S           | What is the hazard?  |
|     | public health or safety? Or do you own any property that needs immediate attention?   |             | If immediate attention is needed, why is it needed?  |
|     | For example, do you own perishable goods, or livestock that must be fed or a building that needs urgent repairs?  |             | Where is the property?   |
|     | •   |             | Number, Street, City, State & Zip Code   |
|     |   |             |  |
|     |   |             |  |
|     |   |             |  |

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Brittany Lee Bivar   | าร   |   | Case numl  | Oer (if known)  |  |
|-----|---|--|---|--|---|--|
| Par | t 6: Answer These Quest   | ions for R   | eporting Purposes                               |  |   |  |
| 16. | What kind of debts do you have?                                   | 16a.   |   | consumer debts? Consumer debts are dersonal, family, or household purpose."                                | efined in 11 U.S.C. § 101(8) as "incurred by an   |  |
|     |   |  | ☐ No. Go to line 16b.                           |  |   |  |
|     |   |  | Yes. Go to line 17.                             |  |   |  |
|     |   | 16b.   |   | pusiness debts? Business debts are debt  |   |  |
|     |   |  | ☐ No. Go to line 16c.                           | · .  |   |  |
|     |   |  | ☐ Yes. Go to line 17.                           |  |   |  |
|     |   | 16c.   | State the type of debts you                     | owe that are not consumer debts or busing  | ess debts   |  |
|     |   |  |   |  |   |  |
|     | Are you filing under Chapter 7?                                   | □ No.  | I am not filing under Chapte                    | er 7. Go to line 18.   |   |  |
|     | Do you estimate that after any exempt property is excluded and    | ■ Yes.   |   | Do you estimate that after any exempt provailable to distribute to unsecured creditor                      | operty is excluded and administrative expenses s?                                       |  |
|     | administrative expenses are paid that funds will be available for |  | ■ No  |  |   |  |
|     |   |  | □Yes  |  |   |  |
|     | distribution to unsecured creditors?                              |  |   |  |   |  |
| 18. | How many Creditors do   | <b>■</b> 1-49  |   | ☐ 1,000-5,000  | ☐ 25,001-50,000   |  |
|     | you estimate that you owe?  | ☐ 50-99  | 1   | ☐ 5001-10,000  | □ 50,001-100,000  |  |
|     | owe?  | □ 100-1  |   | □ 10,001-25,000  | ☐ More than100,000  |  |
|     |   | □ 200-9  | 99  |  |   |  |
| 19. | How much do you   | <b>\$0 - \$</b>  | 50,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |
|     | estimate your assets to be worth?                                 |  | 01 - \$100,000                                  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion                      |  |
|     |   |  | 001 - \$500,000<br>001 - \$1 million            | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |  |
|     |   | <b>—</b> ф500,   |   |  | · · · · · · · · · · · · · · · · · · ·   |  |
| 20. | How much do you estimate your liabilities                         | \$0 - \$   |   | □ \$1,000,001 - \$10 million   | □ \$500,000,001 - \$1 billion   |  |
|     | to be?  |  | 001 - \$100,000<br>001 - \$500,000              | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million   | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |  |
|     |   |  | 001 - \$300,000<br>001 - \$1 million            | □ \$100,000,001 - \$500 million  | ☐ More than \$50 billion  |  |
|     |   |  |   |  |   |  |
|     | t7: Sign Below  |  |   |  |   |  |
| For | you   | I have ex  | amined this petition, and I de                  | eclare under penalty of perjury that the info  | ormation provided is true and correct.  |  |
|     |   |  |   | <ol> <li>I am aware that I may proceed, if eligibles relief available under each chapter, and I</li> </ol> | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.        |  |
|     |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |  |   |  |
|     |   | I request  | relief in accordance with the                   | chapter of title 11, United States Code, sp  | pecified in this petition.  |  |
|     |   | bankrupt<br>and 3571   | cy case can result in fines up<br>1.            | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20                      | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |
|     |   | Brittany   | any Lee Bivans<br>y Lee Bivans<br>e of Debtor 1 | Signature of Deb   | tor 2   |  |
|     |   | Executed   | d on October 23, 2019                           | Executed on  |   |  |
|     |   |  | MM / DD / YYYY                                  |  | M / DD / YYYY   |  |

| Debtor 1 | Brittany Lee Bivans | Case number (if known) |  |
|----------|---------------------|------------------------|--|
|          |                     |                        |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Corey B. Smith Signature of Attorney for Debtor | Date          | October 23, 2019                |
|---|---------------|---------------------------------|
| ,   |               | WWW/DD/TTTT                     |
| Corey B. Smith 823964 Printed name                  |               |                                 |
| Corey B Smith Firm name                             |               |                                 |
| 868 Commercial St NE<br>Salem, OR 97301             |               |                                 |
| Number, Street, City, State & ZIP Code              |               |                                 |
| Contact phone <b>503-363-7164</b>                   | Email address | coreybsmithattorney@hotmail.com |
| 823964 OR   |               |                                 |
| Bar number & State                                  |               |                                 |

# **United States Bankruptcy Court District of Oregon**

| In re          | Brittany Lee Bivans   | J  | Case No.  |                                     |  |  |  |
|----------------|---|--|---|-------------------------------------|--|--|--|
|                |   | Debtor(s)  | Chapter   | 7                                   |  |  |  |
|                | DISCLOSURE OF COMPEN  | NSATION OF ATTO  | RNEY FOR DI   | EBTOR(S)                            |  |  |  |
| C              | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of  | g of the petition in bankruptc   | y, or agreed to be paid   | to me, for services rendered or to  |  |  |  |
|                | For legal services, I have agreed to accept   |  | \$  | 995.00                              |  |  |  |
|                | Prior to the filing of this statement I have received   |  | \$  | 200.00                              |  |  |  |
|                | Balance Due   |  |   | 795.00                              |  |  |  |
| 2. \$          | <b>335.00</b> of the filing fee has been paid.  |  |   |                                     |  |  |  |
| 3. 7           | The source of the compensation paid to me was:  |  |   |                                     |  |  |  |
|                | ■ Debtor □ Other (specify):   |  |   |                                     |  |  |  |
| 4. Т           | The source of compensation to be paid to me is:   |  |   |                                     |  |  |  |
|                | ■ Debtor □ Other (specify):   |  |   |                                     |  |  |  |
| 5.             | I have not agreed to share the above-disclosed compo  | ensation with any other perso  | n unless they are mem   | bers and associates of my law firm. |  |  |  |
| ļ              | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name   |  |   |                                     |  |  |  |
| 5. ]           | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:   |  |   |                                     |  |  |  |
| t<br>c         | Analysis of the debtor's financial situation, and rende Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credito [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and applicatio 522(f)(2)(A) for avoidance of liens on hou | ement of affairs and plan which<br>rs and confirmation hearing,<br>educe to market value; eans<br>as needed; preparation | ch may be required;<br>and any adjourned hea<br>xemption planning | urings thereof;                     |  |  |  |
| 7. I           | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any dis<br>any other adversary proceeding.   |  |   | es, relief from stay actions or     |  |  |  |
|                |   | CERTIFICATION  |   |                                     |  |  |  |
|                | certify that the foregoing is a complete statement of any ankruptcy proceeding.   | agreement or arrangement for   | or payment to me for r  | representation of the debtor(s) in  |  |  |  |
| 0              | ctober 23, 2019   | /s/ Corey B. Sm  | ith   |                                     |  |  |  |
| $\overline{D}$ | ate   | Corey B. Smith   |   |                                     |  |  |  |
|                |   | Signature of Attori<br>Corey B Smith   | ney   |                                     |  |  |  |
|                |   | 868 Commercia  |   |                                     |  |  |  |
|                |   | Salem, OR 9730<br>503-363-7164   | 1<br>fax: 503-371-8195  |                                     |  |  |  |
|                |   |  | orney@hotmail.com   | n                                   |  |  |  |
|                |   | Name of law firm   |   |                                     |  |  |  |

## UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

|  | DISTRICT (             | OF OREGON                              |  |
|--|------------------------|--|--|
| In re  | ) Case I               | No                                     | (If Known)   |
| Brittany Lee Bivans  | )<br>) CHAF            | TER 7 INDIVIDUAL                       | DEBTOR'S*  |
| Debtor(s)  |                        | EMENT OF INTENTI<br>1 U.S.C. §521(a)   | ON(S)  |
|  | ) IERI                 | 1 0.5.C. §521(a)                       |  |
| IMPORTANT NOTICES TO DEBTOR(S):  1. Complete, sign and file this form even if you have not approximately a sign and file this form even if you have not approximately a sign and file this form even if you have not approximately a sign and sign and sign and sign and sign approximately a sign and sign  | no debts secured by n  | roperty of the estate or               | nersonal property subject to unexpired leases. If    |
| creditors are listed, make sure the certificate of service   |                        | roperty of the estate of               | personal property subject to unexpired leases. If    |
| 2. Failure to perform the intentions as to property stat   | ed below within 30 d   | ays after the first date s             | et for the Meeting of Creditors                      |
| under 11 USC §341(a) may result in relief for the cre-   | ditor from the Autom   | atic Stay protecting suc               | h property.  |
| PART A - Debts secured by property of the estate. (additional pages is necessary.)   | Part A must be fully o | completed for <b>each</b> deb          | t which is secured by property of the estate. Attach |
| ■ IF NONE - Check this box.  |                        |  |  |
| Property No. 1   |                        |  |  |
| Creditor's Name:   |                        | Describe Proper                        | ty Securing Debt:                                    |
| Property will be (check one): ☐ SURRENDERED  | ☐ RETAINED             | I                                      |  |
| □ Redeem the property □ Reaffirm the debt □ Other. Explain (for example, avoid lien using 11 Property is (check one): □ CLAIMED AS EXEMI  PART B - Personal property subject to unexpired lead pages if necessary.) ■ IF NONE - Check this box.  | PT                     | MED AS EXEMPT  ns of Part B must be co | mpleted for each unexpired lease. Attach additional  |
| Property No. 1   |                        |  |  |
| Lessor's Name:   | Describe Leased Pr     | coperty:                               | Lease will be assumed pursuant to 11 USC \$365(p)(2) |
| Continuation sheets attached (if any).   | 1                      |  |  |
| I DECLARE UNDER PENALTY OF PERJURY THAT INDICATES INTENTION AS TO ANY PROPERTY OF SECURING A DEBT AND/OR PERSONAL PROPER AN UNEXPIRED LEASE.  DATE: October 23, 2019   | OF MY ESTATE           |  |  |
| /s/ Brittany Lee Bivans  |                        | /s/ Corey B. Sm                        | ith 823964 OR  |
| DEBTOR'S SIGNATURE   |                        | DEBTOR OR ATTO                         | DRNEY'S SIGNATURE OSB# (if attorney)                 |
| JOINT DEBTOR'S SIGNATURE (If applicable)   |                        | JOINT DEBTOR'S                         | SIGNATURE (If applicable and no attorney)            |
| The state of the s |                        | Corey B. Smith                         | 823964 503-363-7164                                  |
|  |                        |  | IGNER'S NAME & PHONE NO.                             |
|  |                        | 868 Commercia<br>Salem, OR 9730        |  |
|  |                        | SIGNER'S ADDRE                         | SS (if attorney)                                     |

521.05 (12/1/16) **Page 1** 

## NON-JUDICIAL REMEDY WHEN CONSUMER DEBTOR FAILS TO TIMELY PERFORM STATED INTENTIONS

Creditors, see <u>Local Form #715</u> [attached if this document was served on paper] if you wish information on how to obtain non-judicial relief from the automatic stay of 11 U.S.C. §362(a) as to your collateral.

#### **OUESTIONS????**

Call an attorney with questions about these procedures or the law. However, only call the debtor's attorney if you have questions about the debtor's intent as to your collateral.

| Fill    | in this                | information to identify your                                      | case:                           |  |        |                                       |
|---------|------------------------|---|---------------------------------|--|--------|---------------------------------------|
|         | tor 1                  |   |                                 |  |        |                                       |
| Den     | ioi i                  | Brittany Lee Biva   | Middle Name                     | Last Name  |        |                                       |
| 1 -     | tor 2<br>use if, filin | ng) First Name  | Middle Name                     | Last Name  |        |                                       |
|         |                        | tes Bankruptcy Court for the:                                     | DISTRICT OF OREGON              |  |        |                                       |
|         |                        | , ,   |                                 |  |        |                                       |
| (if kno | e num<br>own)          |   |                                 |  |        | Check if this is an                   |
|         |                        |   |                                 |  | i      | amended filing                        |
|         |                        |   |                                 |  |        |                                       |
|         |                        | l Form 106Sum   |                                 |  |        |                                       |
|         |                        |   |                                 | d Certain Statistical Information  |        | 12/15                                 |
| infor   | matio                  | n. Fill out all of your schedul                                   | es first; then complete the     | are filing together, both are equally responsible for<br>e information on this form. If you are filing amend |        |                                       |
| your    | origin                 | al forms, you must fill out a                                     | new <i>Summary</i> and check    | the box at the top of this page.   |        |                                       |
| Part    | 1:                     | Summarize Your Assets   |                                 |  |        |                                       |
|         |                        |   |                                 |  |        | our assets alue of what you own       |
|         |                        |   |                                 |  | V      | alue of what you own                  |
| 1.      | Sche<br>1a. C          | dule A/B: Property (Official Footpy line 55, Total real estate, f | orm 106A/B)<br>rom Schedule A/B |  | 9      | \$                                    |
|         | 1b. C                  | opy line 62, Total personal pro                                   | perty, from Schedule A/B        |  | 9      | \$ 16,860.00                          |
|         |                        |   | · ·                             |  |        | · · · · · · · · · · · · · · · · · · · |
|         | 10. C                  | opy line 63, Total of all propert                                 | y on Schedule A/B               |  | ,      | 16,860.00                             |
| Part    | 2:                     | Summarize Your Liabilities  |                                 |  |        |                                       |
|         |                        |   |                                 |  |        | our liabilities                       |
| 0       | 0-1                    | dula Di Cuaditana Mila Harra C                                    | lainea Caassuad by Duanasto     | (Official Form 400D)   | , ,    | anount you owe                        |
| 2.      |                        | dule D: Creditors Who Have C opy the total you listed in Colu     |                                 | the bottom of the last page of Part 1 of Schedule D  | 9      | \$                                    |
| 3.      |                        | dule E/F: Creditors Who Have                                      |                                 |  | ,      | 0.00                                  |
|         | 3a. C                  | opy the total claims from Part                                    | 1 (priority unsecured claims    | s) from line 6e of Schedule E/F  | ,      | \$ <u> </u>                           |
|         | 3b. C                  | opy the total claims from Part                                    | 2 (nonpriority unsecured cla    | aims) from line 6j of Schedule E/F   | 5      | 15,950.00                             |
|         |                        |   |                                 |  |        |                                       |
|         |                        |   |                                 | Your total liabilities   | \$_    | 15,950.00                             |
| Part    | · 2·                   | Summarize Your Income and   | l Evnenses                      |  |        |                                       |
|         |                        |   |                                 |  |        |                                       |
| 4.      |                        | dule I: Your Income (Official Fore your combined monthly income   |                                 | <i>I</i>   | 5      | 500.00                                |
| 5.      | Sche                   | dule J: Your Expenses (Official                                   | l Form 106J)                    |  |        | 500.00                                |
|         | Сору                   | your monthly expenses from li                                     | ne 22c of Schedule J            |  | (      | 500.00                                |
| Part    | 4:                     | Answer These Questions for  | Administrative and Statis       | stical Records   |        |                                       |
| 6.      | •                      | ou filing for bankruptcy undo                                     | • • •                           | neck this box and submit this form to the court with yo  | ur oth | ner schedules.                        |
|         | <b>.</b>               | Yes   |                                 |  |        |                                       |
| 7.      |                        | kind of debt do you have?   |                                 |  |        |                                       |
|         |                        |   |                                 | ebts are those "incurred by an individual primarily for gror statistical purposes. 28 U.S.C. § 159.          | a per  | sonal, family, or                     |
|         |                        | Your debts are not primarily the court with your other sched      |                                 | e nothing to report on this part of the form. Check this   | s box  | and submit this form to               |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_599.72

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total cla | im       |
|--|-----------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 3,900.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 3,900.00 |

|  | r 1  | Brittany Lee Bivans  |  |  |   |   |
|--|--|--|--|--|---|---|
|  | _  | First Name   | Middle Name  | Last Name  |   |   |
| Debtor<br>Spouse,  | r 2<br>, if filing)  | First Name   | Middle Name  | Last Name  |   |   |
| Jnited   | States Ba  | ankruptcy Court for the: DIS   | TRICT OF OREGON  |  |   |   |
| _  |  |  |  |  |   | _   |
| Jase r   | number   |  |  |  |   | Check if this is ar amended filing  |
|  |  |  |  |  |   | g   |
| <b>∖</b> ffi∂  | sial Ea  | orm 106A/B   |  |  |   |   |
| _  |  | _  | <b>1</b>   |  |   |   |
|  |  | le A/B: Propert  |  |  |   | 12/15   |
| hink it f<br>nforma  | fits best. I   | Be as complete and accurate as re space is needed, attach a sep  | possible. If two married   | ice. If an asset fits in more than on<br>people are filing together, both a<br>. On the top of any additional pag      | are equally responsible for su  | ipplying correct  |
| Part 1:  | Describe   | Each Residence, Building, Land   | d, or Other Real Estate  | You Own or Have an Interest In   |   |   |
| . Do yo  | ou own or  | have any legal or equitable inter  | est in any residence, bu   | uilding, land, or similar property?  |   |   |
| ■ N/   | o. Go to Pa  | ort 2  |  |  |   |   |
| _  |  | is the property?   |  |  |   |   |
|  | cs. Which  | is the property:   |  |  |   |   |
|  |  |  |  |  |   |   |
|  | <b>.</b>   |  |  |  |   |   |
| <b>Oo you</b><br>someor  | own, lea   | ives. If you lease a vehicle, als  | o report it on Schedul   | icles, whether they are registe<br>e G: Executory Contracts and L  |   | ehicles you own that  |
| <b>Oo you</b><br>omeor   | own, leane else dri<br>s, vans, ti   | se, or have legal or equitabl  | o report it on Schedul   | e G: Executory Contracts and L   |   | ehicles you own that  |
| Oo you<br>omeor<br>S. Cars<br>B N  | own, leane else dri<br>s, vans, ti   | ise, or have legal or equitablives. If you lease a vehicle, als  | to report it on Schedul  | e G: Executory Contracts and L   | Inexpired Leases.  Do not deduct secured cl   | aims or exemptions. Put   |
| Oo you<br>omeor<br>3. Cars<br>1 N<br>1 Yo  | own, lea<br>ne else dri<br>s, vans, tr<br>o<br>es  | ise, or have legal or equitablives. If you lease a vehicle, als  | to report it on Schedul  | e G: Executory Contracts and L   | Inexpired Leases.   | laims or exemptions. Put ed claims on <i>Schedule D</i> :   |
| Oo you<br>omeor<br>. Cars<br>D No<br>You<br>3.1  | own, leane else dri<br>s, vans, tr<br>o<br>es<br>Make:<br>Model:<br>Year:  | ase, or have legal or equitable ives. If you lease a vehicle, also rucks, tractors, sport utility was a cura  RSX 2006 | who has an intere Debtor 1 only Debtor 2 only  | e G: Executory Contracts and L s st in the property? Check one   | Do not deduct secured of the amount of any secure   | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the  |
| Do you comeon 3. Cars No You   | own, leane else dri<br>s, vans, tr<br>o<br>es<br>Make:<br>Model:<br>Year:<br>Approxima   | Acura RSX 2006 tte mileage: 140,000  | who has an intere Debtor 1 only Debtor 1 and De  | e G: Executory Contracts and L  s  st in the property? Check one   | Do not deduct secured of the amount of any secure Creditors Who Have Clair  | laims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>ims Secured by Property.   |
| Someon<br>3. Cars<br>N<br>Y<br>3.1   | own, leane else dri<br>s, vans, tr<br>o<br>es<br>Make:<br>Model:<br>Year:<br>Approxima   | Acura RSX 2006 tte mileage: 140,000 mation:  | who has an intere Debtor 1 only Debtor 1 and De  | e G: Executory Contracts and L s st in the property? Check one   | Do not deduct secured ci<br>the amount of any secure<br>Creditors Who Have Clair  | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the  |
| Do you someon 3. Cars  No You  | own, leane else dri<br>s, vans, tr<br>o<br>es<br>Make:<br>Model:<br>Year:<br>Approxima<br>Other infor  | Acura RSX 2006 tte mileage: 140,000 mation:  | who has an intere Debtor 1 only Debtor 2 only At least one of the  | e G: Executory Contracts and L  s  st in the property? Check one   | Do not deduct secured ci<br>the amount of any secure<br>Creditors Who Have Clair  | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the  |
| Do you comeon 3. Cars No. You  | Make: Model: Year: Approxima Other infor   | Acura RSX 2006 tet mileage: 140,000 mation: rest ession of co-owner  | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the (see instructions)   | st in the property? Check one bottor 2 only he debtors and another community property                                  | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$3,000.00   | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$3,000.00   |
| Oo you omeor   | own, leader else drivers, vans, troops of the series of th | Acura RSX 2006 ate mileage: 140,000 mation: rest   | who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the company of the | st in the property? Check one ebtor 2 only he debtors and another  | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$3,000.00   | laims or exemptions. Put and claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$3,000.00   |
| Oo you omeor of the control of the c | Make: Model: Year: Approxima Other infor   | Acura RSX 2006 ate mileage: 140,000 mation: rest ession of co-owner  | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the (see instructions)   | st in the property? Check one bottor 2 only he debtors and another community property                                  | Do not deduct secured of the amount of any secure Creditors Who Have Clar Current value of the entire property?  \$3,000.00  Do not deduct secured of the amount of any secure Creditors Who Have Clar                          | laims or exemptions. Put ad claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$3,000.00  laims or exemptions. Put ad claims on Schedule D: ims Secured by Property.                       |
| Oo you omeor a. Cars N Y 3.1   | Make: Model: Year: In posse  Make: Model: Year: Approxima Make: Model: Year: Approxima   | Acura RSX 2006 tte mileage: 140,000 mation: est ession of co-owner  Kia Soul 2012 tte mileage: 125000                  | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the common of the comm | st in the property? Check one  ebtor 2 only the debtors and another  community property  st in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Clar.  Current value of the entire property?  \$3,000.00  Do not deduct secured of the amount of any secure  | laims or exemptions. Put and claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$3,000.00   |
| Do you someon 3. Cars N You 3.1  | own, leaded and else drives, vans, to the session of the session o | Acura RSX 2006 tte mileage: 140,000 mation: est ession of co-owner  Kia Soul 2012 tte mileage: 125000                  | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of the common of the comm | st in the property? Check one ebtor 2 only the debtors and another community property st in the property? Check one    | Do not deduct secured of the amount of any secure Creditors Who Have Clar.  Current value of the entire property?  \$3,000.00  Do not deduct secured of the amount of any secure Creditors Who Have Clar.  Current value of the | laims or exemptions. Put ad claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$3,000.00  laims or exemptions. Put ad claims on Schedule D: ims Secured by Property.  Current value of the |
| Do you come or 3. Cars N Y 3.1   | Make: Model: Year: In posse  Make: Model: Year: Approxima Make: Model: Year: Approxima   | Acura RSX 2006 tte mileage: 140,000 mation: est ession of co-owner  Kia Soul 2012 tte mileage: 125000                  | Who has an intere Debtor 1 only Debtor 2 only At least one of the company of the  | st in the property? Check one  ebtor 2 only the debtors and another  community property  st in the property? Check one | Do not deduct secured of the amount of any secure Creditors Who Have Clar.  Current value of the entire property?  \$3,000.00  Do not deduct secured of the amount of any secure Creditors Who Have Clar.  Current value of the | laims or exemptions. Put ad claims on Schedule D: ims Secured by Property.  Current value of the portion you own?  \$3,000.00  laims or exemptions. Put ad claims on Schedule D: ims Secured by Property.  Current value of the |

| D   | ebtor 1 Britt                                   | tany Lee Bivans  | Case number (if known)                             |   |
|-----|---|--|--|---|
| 5   |   | r value of the portion you own for all of your entries fro<br>ve attached for Part 2. Write that number here             |  | \$6,000.00  |
| Б.  | nu O. Danasika i                                | Varia Barranal and Harrachald Karra  |  |   |
|     |   | Your Personal and Household Items have any legal or equitable interest in any of the followi                             | ng items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.  |   | ods and furnishings<br>jor appliances, furniture, linens, china, kitchenware   |  |   |
|     | ■ Yes. Descr                                    | Furniture and furnishings  |  | \$1,000.00  |
|     |   | ·  |  |   |
| 7.  |   | evisions and radios; audio, video, stereo, and digital equipoutly luding cell phones, cameras, media players, games libe | ment; computers, printers, scanners; music col     | lections; electronic devices  |
| 8.  |   | f value iques and figurines; paintings, prints, or other artwork; boo er collections, memorabilia, collectibles          | ks, pictures, or other art objects; stamp, coin, c | r baseball card collections;  |
|     | ☐ Yes. Descr                                    | ibe  |  |   |
| 9.  | Examples: Spo<br>mu                             | r sports and hobbies<br>orts, photographic, exercise, and other hobby equipment; b<br>isical instruments                 | icycles, pool tables, golf clubs, skis; canoes ar  | d kayaks; carpentry tools;  |
|     | ■ No<br>□ Yes. Descr                            | ibe  |  |   |
| 10. | ■ No  | stols, rifles, shotguns, ammunition, and related equipment   |  |   |
|     | ☐ Yes. Descr                                    | ibe  |  |   |
| 11. | . Clothes  Examples: Ev  □ No  ■ Yes. Descr     | veryday clothes, furs, leather coats, designer wear, shoes, ibe  | accessories  |   |
|     |   |  |  |   |
|     |   | Apparel  |  | \$600.00  |
| 12. | . <b>Jewelry</b> Examples: Ev □ No ■ Yes. Descr | veryday jewelry, costume jewelry, engagement rings, wedd   | ing rings, heirloom jewelry, watches, gems, go     | ld, silver  |
|     |   | Jewelry  |  | \$100.00  |
| 13. | . Non-farm ani Examples: Do ■ No □ Yes. Descr   | ogs, cats, birds, horses   |  |   |
| 14. | ■ No  | rsonal and household items you did not already list, in specific information   | cluding any health aids you did not list           |   |
|     | - 1 Go. Give S                                  | poomo imormation   |  |   |

| Debtor 1                  | Brittany Lee Bivans   | Case number (if known)   |  |
|---------------------------|---|--|--|
|                           | the dollar value of all of your entries from F<br>Part 3. Write that number here                                | Part 3, including any entries for pages you have attached  | \$1,700.00   |
|                           |   |  | <u>J</u>   |
|                           | escribe Your Financial Assets<br>own or have any legal or equitable interest in                                 | any of the following?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| □ No                      | nples: Money you have in your wallet, in your ho  | ome, in a safe deposit box, and on hand when you file your petiti  | on   |
|                           |   | Cash   | \$100.0  |
|                           | sits of money nples: Checking, savings, or other financial accounts institutions. If you have multiple accounts | ounts; certificates of deposit; shares in credit unions, brokerage h<br>s with the same institution, list each.          | nouses, and other similar  |
| _                         | S   | Institution name:  |  |
|                           | 17.1. Checking  | USAA Bank  | \$60.0   |
| 9. Non-p<br>joint<br>■ No | Dublicly traded stock and interests in incorp venture  S. Give specific information about them                  | orated and unincorporated businesses, including an interes   | t in an LLC, partnership, ar   |
|                           | Name of entity:   | % of ownership:  |  |
|                           |   | shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.                     |  |
| ☐ Yes                     | s. Give specific information about them<br>Issuer name:   |  |  |
|                           | ement or pension accounts<br>nples: Interests in IRA, ERISA, Keogh, 401(k), 4                                   | 403(b), thrift savings accounts, or other pension or profit-sharing  | plans  |
| ☐ Yes                     | s. List each account separately.  Type of account:  | Institution name:  |  |
| Your<br><i>Exan</i>       |   | o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compar | nies, or others  |
| ■ No<br>□ Yes             | i   | Institution name or individual:  |  |
| 3. <b>Annu</b><br>■ No    | ities (A contract for a periodic payment of mon   | ey to you, either for life or for a number of years)   |  |
|                           | Issuer name and description.  |  |  |
| 26 U.S                    | sts in an education IRA, in an account in a q<br>S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).                     | ualified ABLE program, or under a qualified state tuition pro  | ogram.   |
| No                        |   |  |  |

| Debior              | Brittany Lee Biva                         | 115  |   | Case number (if known)            |  |
|---------------------|---|--|---|-----------------------------------|--|
| ☐ Ye                | s Institutio                              | on name and description.                               | Separately file the records of any                          | v interests.11 U.S.C. § 521(c):   |  |
|                     | , ·                                       | nterests in property (oth                              | er than anything listed in line                             | l), and rights or powers exe      | cisable for your benefit   |
| ■ No<br>□ Ye        | s. Give specific informati                | on about them  |   |                                   |  |
|                     |   |  | other intellectual property                                 |                                   |  |
| <i>Exai</i><br>■ No | •   | ames, websites, proceeds                               | from royalties and licensing agre                           | eements                           |  |
| ☐ Ye                | s. Give specific informati                | on about them  |   |                                   |  |
|                     | mples: Building permits, e                | ther general intangibles<br>exclusive licenses, cooper | ative association holdings, liquor                          | r licenses, professional license  | s  |
| ☐ Ye                | s. Give specific informati                | on about them  |   |                                   |  |
| Money o             | or property owed to you                   | ?  |   |                                   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                     | efunds owed to you                        |  |   |                                   |  |
| □ No<br>■ Ye        |   | on about them, including v                             | whether you already filed the retu                          | irns and the tax years            |  |
|                     | o. C. To oposino imanimant                | about thom, moraumy .                                  |   | o and the tax you on              |  |
|                     |   |  |   |                                   |  |
|                     |   | Unpaid wag   | ges   | Tax refunds                       | \$1,000.00   |
| Exai                | benefits; unpaid lo                       | sability insurance payment<br>pans you made to someon  | ss, disability benefits, sick pay, va<br>e else             | acation pay, workers' compen      | sation, Social Security  |
|                     |   | Unnaid wage  | s due at filing   |                                   | \$1,000.00   |
|                     |   | onpaid Hage  | o uuo ut iiiiig   |                                   |  |
|                     |   | 2019 tax yea   | r   |                                   | \$7,000.00   |
| Exai<br>■ No        | s. Name the insurance co                  |  |   | neowner's, or renter's insurand   | ce<br>Surrender or refund  |
|                     |   |  |   |                                   | value:   |
| If yo               | u are the beneficiary of a eone has died. | is due you from someo<br>living trust, expect procee   | ne who has died<br>eds from a life insurance policy, o      | or are currently entitled to rece | ive property because   |
| ■ No<br>□ Ye        | s. Give specific informati                | on   |   |                                   |  |
|                     | mples: Accidents, employ                  | , whether or not you hav<br>rment disputes, insurance  | e filed a lawsuit or made a der<br>claims, or rights to sue | mand for payment                  |  |
| Official Fo         | orm 106A/B                                |  | Schedule A/B: Property                                      |                                   | page 4   |

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Best Case Bankruptcy

| Deb          | otor 1         | Brittany Lee Bivans   |                            | Case number (if known)              |             |
|--------------|----------------|---|----------------------------|-------------------------------------|-------------|
|              | ☐ Yes.         | Describe each claim   |                            |                                     |             |
| 34.          | Other o        | contingent and unliquidated claims of every nature, inclu   | ding counterclaims         | of the debtor and rights to set off | claims      |
| _            | ■ No<br>□ Yes. | Describe each claim   |                            |                                     |             |
| _            | _ `            | ancial assets you did not already list  |                            |                                     |             |
|              | ■ No<br>□ Yes. | Give specific information   |                            |                                     |             |
| 36.          |                | he dollar value of all of your entries from Part 4, including art 4. Write that number here                             |                            |                                     | \$9,160.00  |
| Part         | 5: De          | scribe Any Business-Related Property You Own or Have an Intere  | est In. List any real esta | ate in Part 1.                      |             |
| 37. <b>[</b> | Do you o       | own or have any legal or equitable interest in any business-relate  | ed property?               |                                     |             |
|              | No. Go         | to Part 6.  |                            |                                     |             |
|              | Yes. G         | So to line 38.  |                            |                                     |             |
| Part         |                | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes     | st In.                              |             |
| 46.          | _ `            | own or have any legal or equitable interest in any farm-  | or commercial fishir       | ng-related property?                |             |
|              | _              | Go to Part 7.   |                            |                                     |             |
|              | ☐ Yes          | . Go to line 47.  |                            |                                     |             |
| Part         | 7:             | Describe All Property You Own or Have an Interest in That You   | Did Not List Above         |                                     |             |
| _            | Examp          | n have other property of any kind you did not already list?<br>bles: Season tickets, country club membership            | ,                          |                                     |             |
| _            | ■ No<br>□ Yes. | Give specific information   |                            |                                     |             |
| 54.          | Add t          | he dollar value of all of your entries from Part 7. Write tha   | at number here             |                                     | \$0.00      |
| Part         | 8:             | List the Totals of Each Part of this Form   |                            |                                     |             |
| 55.          | Part 1         | l: Total real estate, line 2  |                            |                                     | \$0.00      |
| 56.          | Part 2         | 2: Total vehicles, line 5   | \$6,000.00                 |                                     |             |
| 57.          | Part 3         | 3: Total personal and household items, line 15  | \$1,700.00                 |                                     |             |
| 58.          |                | 4: Total financial assets, line 36  | \$9,160.00                 |                                     |             |
| 59.          |                | 5: Total business-related property, line 45   | \$0.00                     |                                     |             |
| 60.          |                | 6: Total farm- and fishing-related property, line 52  | \$0.00                     |                                     |             |
| 61.          |                | 7: Total other property not listed, line 54 +   | \$0.00                     |                                     |             |
| 62.          | Total          | personal property. Add lines 56 through 61  | \$16,860.00                | Copy personal property total        | \$16,860.00 |
| 63.          | Total          | of all property on Schedule A/B. Add line 55 + line 62  |                            |                                     | \$16,860.00 |

| Fill in this inform |                        |                    |           |                                      |
|---------------------|------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1            | Brittany Lee Biva      |                    |           |                                      |
|                     | First Name             | Middle Name        | Last Name |                                      |
| Debtor 2            |                        |                    |           |                                      |
| (Spouse if, filing) | First Name             | Middle Name        | Last Name |                                      |
| United States Ban   | kruptcy Court for the: | DISTRICT OF OREGON |           |                                      |
| Case number         |                        |                    |           |                                      |
| (if known)          |                        |                    |           | ☐ Check if this is an amended filing |
|                     |                        |                    |           | <br>_                                |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Proper | y You Claim as Exempt |
|-----------------------------|-----------------------|
|-----------------------------|-----------------------|

|  | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)   |            |   |                                    |  |  |  |  |
|--|--|--|------------|---|------------------------------------|--|--|--|--|
| 2.   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |  |            |   |                                    |  |  |  |  |
|  | Brief description of the property and line on Schedule A/B that lists this property                | Current value of the Amount of the exemption you claim portion you own |            |   | Specific laws that allow exemption |  |  |  |  |
|  |  | Copy the value from<br>Schedule A/B                                    |            |   |                                    |  |  |  |  |
|  | 2006 Acura RSX 140,000 miles 1/2 interest  | \$3,000.00   |            | \$3,000.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |  |
|  | In possession of co-owner Line from Schedule A/B: 3.1  |  |            | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
| 2012 Kia Soul 125000 miles Line from Schedule A/B: 3.2 | \$3,000.00   |  | \$3,000.00 | 11 U.S.C. § 522(d)(5)   |                                    |  |  |  |  |
|  | Line Holli Schedule Arb. 3.2   |  |            | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|  | Furniture and furnishings Line from Schedule A/B: 6.1  | \$1,000.00   |            | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|  | Line Holli Schedule Arb. 6.1   |  |            | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|  | Apparel Line from Schedule A/B: 11.1   | \$600.00   |            | \$600.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
|  | Line Holli Schedule Arb. 11.1  |  |            | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |
|  | Jewelry Line from Schedule A/B: 12.1   | \$100.00   |            | \$100.00  | 11 U.S.C. § 522(d)(4)              |  |  |  |  |
|  | LINE HOITI SCHEUUR AVD. 12.1   |  |            | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

| Debtor 1 | Brittany Lee Bivans  |  |         | Case number (if known)  | ·                                  |
|----------|--|--|---------|---|------------------------------------|
|          | f description of the property and line on edule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |         |   | Specific laws that allow exemption |
|          |  | Copy the value from<br>Schedule A/B                                    |         |   |                                    |
| Cas      | sh<br>strom Schedule A/B: <b>16.1</b>  | \$100.00   |         | \$100.00  | 11 U.S.C. § 522(d)(5)              |
| Line     | TION Schedule A/B. 10.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | ecking: USAA Bank  | \$60.00  |         | \$100.00  | 11 U.S.C. § 522(d)(5)              |
| Line     | TION Schedule A/B. 11.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | refunds: Unpaid wages  | \$1,000.00   |         | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |
| Line     | HOIH Schedule A/B. <b>20.1</b>   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | paid wages due at filing   | \$1,000.00   |         | \$1,000.00  | 11 U.S.C. § 522(d)(5)              |
| Line     | Hom Schedule A/B. 30.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | 9 tax year   | \$7,000.00   |         | \$7,000.00  | 11 U.S.C. § 522(d)(5)              |
| Line     | Holli Schedule A.D. 30.2   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|          | you claiming a homestead exemption oject to adjustment on 4/01/22 and every  |  |         | led on or after the date of adjustmen                           | nt.)                               |
|          | No   |  |         |   |                                    |
|          | Yes. Did you acquire the property cove                                       | red by the exemption wi  | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|          | □ No   |  |         |   |                                    |
|          | ☐ Yes  |  |         |   |                                    |

| Fill in this infor                               | rmation to identify your | case:              |           |                                      |
|--|--------------------------|--------------------|-----------|--------------------------------------|
| Debtor 1   | Brittany Lee Biva        | ins                |           |                                      |
|  | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2   |                          |                    |           |                                      |
| (Spouse if, filing)                              | First Name               | Middle Name        | Last Name |                                      |
| United States Bankruptcy Court for the: DISTRICT |                          | DISTRICT OF OREGON |           |                                      |
| Case number (if known)                           |                          |                    |           | ☐ Check if this is an amended filing |

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                                 |  |                      |                   |                                 |                         | Ī            |             |                |        |
|---------------------------------|--|----------------------|-------------------|---------------------------------|-------------------------|--------------|-------------|----------------|--------|
| Fill in this infor              | rmation to identify your   | case:                |                   |                                 |                         |              |             |                |        |
| Debtor 1                        | Brittany Lee Biva  | ns                   |                   |                                 |                         |              |             |                |        |
|                                 | First Name   | Middle N             | ame               | Last Name                       |                         |              |             |                |        |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle N             | ame               | Last Name                       |                         |              |             |                |        |
|                                 | and an instance Consist for the ac-                                  | DISTRICT             |                   |                                 |                         |              |             |                |        |
| United States B                 | ankruptcy Court for the:   | DISTRICT             | OF OREGON         |                                 |                         |              |             |                |        |
| Case number                     |  |                      | _                 |                                 |                         |              |             |                |        |
| (if known)                      |  |                      |                   |                                 |                         |              |             | f this is an   |        |
|                                 |  |                      |                   |                                 |                         |              | amende      | ea tiling      |        |
| Official For                    | m 106E/F   |                      |                   |                                 |                         |              |             |                |        |
|                                 | E/F: Creditors W   | /ho Have             | Unsecu            | red Claims                      |                         |              |             | 12/15          |        |
|                                 | nd accurate as possible. Us  |                      |                   |                                 |                         |              |             |                |        |
|                                 | ntracts or unexpired leases<br>cutory Contracts and Unexp            |                      |                   |                                 |                         |              |             |                | a on   |
| Schedule D: Cred                | itors Who Have Claims Secontinuation Page to this page               | ured by Proper       | rty. If more spa  | ce is needed, copy the Part     | you need, fill it out,  | number the   | entries in  | the boxes of   |        |
|                                 | umber (if known).  | je. ir you nave i    | no information    | to report in a Part, do not r   | lie that Part. On the t | op or any ac | iditional p | oages, write y | /our   |
| Part 1: List                    | All of Your PRIORITY Un  | secured Clai         | ms                |                                 |                         |              |             |                |        |
| 1. Do any credi                 | tors have priority unsecure  | d claims agains      | st you?           |                                 |                         |              |             |                |        |
| ☐ No. Go to                     | Part 2.  |                      |                   |                                 |                         |              |             |                |        |
| Yes.                            |  |                      |                   |                                 |                         |              |             |                |        |
|                                 | ur priority unsecured claim  |                      |                   |                                 |                         |              |             |                |        |
|                                 | type of claim it is. If a claim ha<br>he claims in alphabetical orde |                      |                   |                                 |                         |              |             |                |        |
| Part 1. If more                 | e than one creditor holds a pa                                       | articular claim, lis | st the other cred | ditors in Part 3.               |                         |              |             | ŭ              |        |
| (For an explai                  | nation of each type of claim, s                                      | see the instruction  | ons for this form | in the instruction booklet.)    | Total claim             | Priority     |             | Nonpriority    |        |
|                                 |  |                      |                   |                                 | Total Claim             | amount       |             | amount         |        |
| 2.1 Interna                     | al Revenue Service   | La                   | ast 4 digits of a | account number                  | \$0.00                  | _            | \$0.00      |                | \$0.00 |
| •                               | Creditor's Name  | rotion W             | hen was the de    | obt incurred?                   |                         |              |             |                |        |
| PO Bo                           | ılized Insolvency Ope<br>x 7346                                      | ration w             | nen was the u     | ebt illculreu !                 |                         | -            |             |                |        |
|                                 | elphia, PA 19101-734   | 6                    |                   |                                 |                         |              |             |                |        |
|                                 | Street City State Zip Code   | A                    | s of the date yo  | ou file, the claim is: Check a  | II that apply           |              |             |                |        |
| _                               | ed the debt? Check one.  |                      | Contingent        |                                 |                         |              |             |                |        |
| Debtor 1                        | only   |                      | Unliquidated      |                                 |                         |              |             |                |        |
| Debtor 2                        | only   |                      | Disputed          |                                 |                         |              |             |                |        |
| Debtor 1                        | and Debtor 2 only  | Ty                   | pe of PRIORIT     | TY unsecured claim:             |                         |              |             |                |        |
| ☐ At least of                   | one of the debtors and anothe  | er 🗆                 | Domestic sup      | port obligations                |                         |              |             |                |        |
| ☐ Check if                      | this claim is for a commu  | nity debt            | Taxes and ce      | rtain other debts you owe the   | government              |              |             |                |        |
|                                 | subject to offset?   | -                    |                   | ath or personal injury while yo | -                       |              |             |                |        |
| ■ No                            |  |                      | Other. Specify    |                                 |                         |              |             |                |        |
| ☐ Yes                           |  |                      | ,                 | Notice only                     |                         |              |             |                |        |

Best Case Bankruptcy

| -   |  |                                |                       |
|---|--|--------------------------------|-----------------------|
| Oregon Dept. of Revenue   | Last 4 digits of account number \$0.00   | 0.00                           | \$0.0                 |
| Priority Creditor's Name Attn: Bankruptcy Unit  | When was the debt incurred?  |                                |                       |
| 955 Center St NE<br>Salem, OR 97301-2555  |  |                                |                       |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply  |                                |                       |
| Who incurred the debt? Check one.   | ☐ Contingent   |                                |                       |
| Debtor 1 only   | ☐ Unliquidated   |                                |                       |
| ☐ Debtor 2 only   | ☐ Disputed   |                                |                       |
| ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:  |                                |                       |
| ☐ At least one of the debtors and another   | ☐ Domestic support obligations   |                                |                       |
| ☐ Check if this claim is for a community debt   | ■ Taxes and certain other debts you owe the government   |                                |                       |
| Is the claim subject to offset?   | ☐ Claims for death or personal injury while you were intoxicated   |                                |                       |
| ■ No  | ☐ Other. Specify   |                                |                       |
| □Yes  | Notice only  |                                |                       |
| t 2: List All of Your NONPRIORITY Unsecupo any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  | ns against you? this form to the court with your other schedules.  |                                |                       |
| Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim. list the creditor separately for each content.  | ns against you?  | cluded in Part                 | 1. If more            |
| Do any creditors have nonpriority unsecured claim  ☐ No. You have nothing to report in this part. Submit  ☐ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each c than one creditor holds a particular claim, list the other  | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already in  | cluded in Part                 | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already in  | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330   | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number  When was the debt incurred?   | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code   | this form to the court with your other schedules.  alphabetical order of the creditor who holds each claim. If a creditor has more the claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number  When was the debt incurred?   | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code  Who incurred the debt? Check one.   | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already into creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply   | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only   | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more the laim. For each claim listed, identify what type of claim it is. Do not list claims already into creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only  | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already into creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Disputed  Type of NONPRIORITY unsecured claim:   | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community                     | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already into creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans   | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already into creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not | cluded in Part<br>Continuation | 1. If more<br>Page of |
| Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  AT T Mobility  Nonpriority Creditor's Name  PO Box 10330  Fort Wayne, IN 46851-0330  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community                     | this form to the court with your other schedules.  e alphabetical order of the creditor who holds each claim. If a creditor has more that laim. For each claim listed, identify what type of claim it is. Do not list claims already into creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans   | cluded in Part<br>Continuation | 1. If more<br>Page of |

| Debto | r1_Brittany Lee Bivans   | Case number (if known)  |            |  |  |  |
|-------|--|---|------------|--|--|--|
| 4.2   | Chris and Helena Brill Nonpriority Creditor's Name                           | Last 4 digits of account number   | \$2,000.00 |  |  |  |
|       | for Leland and Dorothy Beach<br>14073 SW Viewpoint Ct.<br>Portland, OR 97224 | When was the debt incurred?   |            |  |  |  |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Debtor 1 only  | ☐ Contingent  |            |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | □ Disputed  |            |  |  |  |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |            |  |  |  |
|       | debt<br>Is the claim subject to offset?                                      | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
|       | ■ No   | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |            |  |  |  |
|       | Yes  | ■ Other. Specify Misc. unpaid rents and/or damages  |            |  |  |  |
| 1.3   | Comenity Bank/Victoria Secret  Nonpriority Creditor's Name                   | Last 4 digits of account number   | \$500.00   |  |  |  |
|       | PO Box 182789 Columbus, OH 43218   | When was the debt incurred?   |            |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Debtor 1 only  | ☐ Contingent  |            |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |  |
|       | ☐ At least one of the debtors and another                                    | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community                                     | ☐ Student loans   |            |  |  |  |
|       | debt<br>Is the claim subject to offset?                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |            |  |  |  |
|       | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |
|       | Yes  | ■ Other. Specify Misc. charged off account  |            |  |  |  |
| 1.4   | MAPS Credit Union Nonpriority Creditor's Name                                | Last 4 digits of account number   | \$100.00   |  |  |  |
|       | PO Box 12398<br>Salem, OR 97309  | When was the debt incurred?   |            |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |            |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated  |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |  |  |
|       | $\square$ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community                                     | Student loans   |            |  |  |  |
|       | debt<br>Is the claim subject to offset?                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |            |  |  |  |
|       | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |
|       | Yes  | ■ Other. Specify Overdrawn account  |            |  |  |  |

| Debto | or 1 Brittany Lee Bivans  | Case number (if known)  |            |  |  |  |
|-------|---|---|------------|--|--|--|
| 4.5   | Portland General Electric   | Last 4 digits of account number   | \$400.00   |  |  |  |
|       | Nonpriority Creditor's Name 7800 SW Mohawk St. Tualatin, OR 97062   | When was the debt incurred?   |            |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Debtor 1 only   | ☐ Contingent  |            |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |  |  |  |
|       | debt Is the claim subject to offset?                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |
|       | Yes   | ■ Other. Specify Misc. services provided  |            |  |  |  |
| 4.6   | Progressive Insurance Co.   | Last 4 digits of account number   | \$6,500.00 |  |  |  |
|       | Nonpriority Creditor's Name 7301 Metro Center Dr.                   | When was the debt incurred?   |            |  |  |  |
|       | Austin, TX 78744-1748  Number Street City State Zip Code            | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Who incurred the debt? Check one.                                   | ,   |            |  |  |  |
|       | Debtor 1 only   | ☐ Contingent  |            |  |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |  |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |  |  |  |
|       | debt Is the claim subject to offset?                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |            |  |  |  |
|       |   | Claim for damages from motor vehicle  |            |  |  |  |
|       | ☐ Yes   | accident and judgment/filing fees for docket #17CV44079   |            |  |  |  |
| 4.7   | Progressive Leasing Nonpriority Creditor's Name                     | Last 4 digits of account number   | \$400.00   |  |  |  |
|       | 256 W Data Dr. Draper, UT 84020                                     | When was the debt incurred?   |            |  |  |  |
|       | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |  |  |  |
|       | Debtor 2 only   | ☐ Unliquidated  |            |  |  |  |
|       | Debtor 1 and Debtor 2 only  | □ Disputed  |            |  |  |  |
|       | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐ Check if this claim is for a community                            | Student loans   |            |  |  |  |
|       | debt Is the claim subject to offset?                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |  |  |  |
|       | No  | lacksquare Debts to pension or profit-sharing plans, and other similar debts                            |            |  |  |  |
|       | Yes   | ■ Other. Specify Misc. purchases made on credit   |            |  |  |  |

Official Form 106 E/F

| 4.8            | Salem Hospital  | Last 4 digits of account number  | \$750.00                |
|----------------|---|--|-------------------------|
|                | Nonpriority Creditor's Name                               |  | •                       |
|                | PO Box 14001  | When was the debt incurred?  |                         |
|                | Salem, OR 97309  Number Street City State Zip Code        | As of the date you file, the claim is: Check all that apply  |                         |
|                | Who incurred the debt? Check one.                         |  |                         |
|                | Debtor 1 only   | ☐ Contingent   |                         |
|                | Debtor 2 only   | ☐ Unliquidated   |                         |
|                | Debtor 1 and Debtor 2 only                                | ☐ Disputed   |                         |
|                | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:   |                         |
|                |   | ☐ Student loans  |                         |
|                | ☐ Check if this claim is for a community debt             | ☐ Obligations arising out of a separation agreement or divorce that you did not  |                         |
|                | Is the claim subject to offset?                           | report as priority claims  |                         |
|                | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |                         |
|                | Yes   | ■ Other. Specify Misc. medical services provided   |                         |
| 4.9            | Shelter Management, Inc.                                  | Last 4 digits of account number  | \$600.00                |
|                | Nonpriority Creditor's Name                               |  |                         |
|                | PO Box 13427<br>Salem, OR 97309                           | When was the debt incurred?  |                         |
|                | Number Street City State Zip Code                         | As of the date you file, the claim is: Check all that apply  |                         |
|                | Who incurred the debt? Check one.                         | _  |                         |
|                | ■ Debtor 1 only   | ☐ Contingent   |                         |
|                | Debtor 2 only   | ☐ Unliquidated   |                         |
|                | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |                         |
|                | lacksquare At least one of the debtors and another        | Type of NONPRIORITY unsecured claim:   |                         |
|                | ☐ Check if this claim is for a community                  | ☐ Student loans  |                         |
|                | debt Is the claim subject to offset?                      | Obligations arising out of a separation agreement or divorce that you did not  |                         |
|                |   | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |                         |
|                | ■ No  |  |                         |
|                | Yes   | ■ Other. Specify Misc. unpaid rents and/or damages   |                         |
| 4.1            | US Department of Education                                | Last 4 digits of account number  | \$3,900.00              |
|                | Nonpriority Creditor's Name                               |  |                         |
|                | PO Box 105028   | When was the debt incurred?  |                         |
|                | Atlanta, GA 30348-5028  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply  |                         |
|                | Who incurred the debt? Check one.                         | As of the date you file, the claim is. Offeck all that apply   |                         |
|                | ■ Debtor 1 only   | ☐ Contingent   |                         |
|                | Debtor 2 only   | ☐ Unliquidated   |                         |
|                | Debtor 1 and Debtor 2 only                                | ☐ Disputed   |                         |
|                | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:   |                         |
|                |   | ■ Student loans  |                         |
|                | ☐ Check if this claim is for a community debt             | ☐ Obligations arising out of a separation agreement or divorce that you did not  |                         |
|                | Is the claim subject to offset?                           | report as priority claims  |                         |
|                | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts   |                         |
|                | ☐ Yes   | ☐ Other. Specify   |                         |
|                |   | Student Loan   |                         |
| Part 3         | List Others to Be Notified About a D                      | ebt That You Already Listed  |                         |
| is try<br>have | ing to collect from you for a debt you owe to s           | about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example someone else, list the original creditor in Parts 1 or 2, then list the collection agency lat you listed in Parts 1 or 2, list the additional creditors here. If you do not have addit or submit this page. | here. Similarly, if you |
| Name a         | and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?   |                         |
| Afni,<br>PO B  | Inc.<br>ox 3517   | Line 4.1 of (Check one):   | s                       |

Case number (if known)

Official Form 106 E/F Schedule
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Debtor 1 Brittany Lee Bivans

Page 5 of 6
Best Case Bankruptcy

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1 Brittany Lee Bivans   |  | Case number (if known)   |
|--|--|--|
| Bloomington, IL 61702  | Last 4 digits of account number  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |
| Name and Address  Bonneville Billing  PO Box 150621  Ogden, UT 84415                     | On which entry in Part 1 or Part 2 Line 4.5 of (Check one):                                  | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
|  | Last 4 digits of account number  |  |
| Name and Address Cascade Collections PO Box 3166 Salem, OR 97302                         | On which entry in Part 1 or Part 2 Line 4.4 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Convergent Outsourcing PO Box 9004 Renton, WA 98057                     | On which entry in Part 1 or Part 2 Line 4.3 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Marion County Circuit Court PO Box 12869 RE: #17CV44079 Salem, OR 97309 | On which entry in Part 1 or Part 2 Line 4.6 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Sullivan and Terranova 3518 SW Corbett Ave Portland, OR 97239           | On which entry in Part 1 or Part 2 Line 4.6 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Valley Credit Service 626 Appleblossom Avenue NE Keizer, OR 97303       | On which entry in Part 1 or Part 2 Line 4.8 of (Check one):  Last 4 digits of account number | did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
| Total        | 6f. | Student loans   | 6f. | \$<br>3,900.00  |
| claims       |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>12,050.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>15,950.00 |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Fill in this infor     | Fill in this information to identify your case: |                    |           |  |                                      |  |
|------------------------|---|--------------------|-----------|--|--------------------------------------|--|
| Debtor 1               | Brittany Lee Biva                               | ins                |           |  |                                      |  |
|                        | First Name                                      | Middle Name        | Last Name |  |                                      |  |
| Debtor 2               |   |                    |           |  |                                      |  |
| (Spouse if, filing)    | First Name                                      | Middle Name        | Last Name |  |                                      |  |
| United States Ba       | ankruptcy Court for the:                        | DISTRICT OF OREGON | ı         |  |                                      |  |
| Case number (if known) |   |                    |           |  | ☐ Check if this is an amended filing |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

| Fill in this               | s information to identify your                                      | case:   |                         |   |  |
|----------------------------|---|---|-------------------------|---|--|
| Debtor 1                   | Brittany Lee Biva   |   |                         |   |  |
| Debtor 2                   | First Name  | Middle Name   | Last Name               |   |  |
| (Spouse if, fili           | ing) First Name   | Middle Name   | Last Name               |   |  |
| United Sta                 | ates Bankruptcy Court for the:                                      | DISTRICT OF OREGO                                     | N                       |   |  |
| Case num<br>(if known)     | ber   |   |                         |   | ☐ Check if this is an amended filing   |
| Officia                    | ll Form 106H  |   |                         |   |  |
|                            | dule H: Your Cod  | ehtors  |                         |   | 12/15  |
| ill it out, a<br>your name |   | boxes on the left. Attach<br>). Answer every question | n the Additional Page t | o this page. On the top                   | eeded, copy the Additional Page, of any Additional Pages, write  |
| _                          | ,   | you are ming a joint oace,                            | ao not not omnor opouco | ac a coacsion.                            |  |
| ■ No<br>□ Yes              |   |   |                         |   |  |
|                            | thin the last 8 years, have you<br>na, California, Idaho, Louisiana |   |                         |   | states and territories include   |
|                            | . Go to line 3.<br>s. Did your spouse, former spo                   | use, or legal equivalent live                         | e with you at the time? |   |  |
| in line<br>Form            | e 2 again as a codebtor only  | if that person is a guaran                            | tor or cosigner. Make   | sure you have listed th                   | with you. List the person shown<br>e creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                            | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | IP Code   |                         | Column 2: The cree<br>Check all schedules | ditor to whom you owe the debt s that apply:   |
| 3.1                        |   |   |                         | ☐ Schedule D. line                        | 1  |
| <u> </u>                   | Name  |   |                         | ☐ Schedule E/F, lin                       | ne   |
| -                          | Number Street<br>City   | State   | ZIP Code                | _   |  |
| 3.2                        |   |   |                         | ☐ Schedule D, line                        | •  |
| ·                          | Name  |   |                         | ☐ Schedule E/F, line                      |  |
| -                          | Number Street<br>City   | State   | ZIP Code                | _   |  |

Schedule H: Your Codebtors

| Fill                            | in this information to identify                            | your case:  |   |                                    |                                     |   |                   |
|---------------------------------|--|---|---|------------------------------------|-------------------------------------|---|-------------------|
| Deb                             | otor 1 Brittar   | ny Lee Bivans   |   |                                    |                                     |   |                   |
|                                 | otor 2   |   |   |                                    |                                     |   |                   |
| Uni                             | ted States Bankruptcy Court                                | for the: DISTRICT OF OREG   | GON   |                                    |                                     |   |                   |
|                                 | se number  |   | _   |                                    |                                     |   |                   |
| O                               | fficial Form 106l  |   |   |                                    | MM / DD/ Y                          |   |                   |
| So                              | chedule I: Your  | Income  |   |                                    | 141141 / 22/ 1                      |   | 12/15             |
| sup <sub> </sub><br>spo<br>atta | plying correct information.<br>use. If you are separated a | as possible. If two married per<br>If you are married and not fill<br>nd your spouse is not filing w<br>form. On the top of any addit<br>ment | ing jointly, and your soith you, do not inclu | spouse is living<br>de information | g with you, included about your spo | ude information about<br>ouse. If more space is | t your<br>needed, |
| 1.                              | Fill in your employment information.                       |   | Debtor 1                                      |                                    | Debtor 2                            | or non-filing spouse                            |                   |
|                                 | If you have more than one                                  |   | ■ Employed                                    |                                    | ☐ Emple                             | oyed  |                   |
|                                 | attach a separate page with information about additional   |   | ☐ Not employed                                |                                    | ☐ Not employed                      |   |                   |
|                                 | employers.   | Occupation  | Employee                                      |                                    |                                     |   |                   |
|                                 | Include part-time, seasona self-employed work.             | Employer's name   | Salem Child De<br>Center                      | velopment                          |                                     |   |                   |
|                                 | Occupation may include st<br>or homemaker, if it applies   |   | PO Box 7422<br>Salem, OR 9730                 | )3                                 |                                     |   |                   |
|                                 |  | How long employed   | there? 2 mos                                  |                                    |                                     |   |                   |
| Par                             | t 2: Give Details Abo                                      | ut Monthly Income   |   |                                    |                                     |   |                   |
| spou                            | use unless you are separated                               | f the date you file this form. If d.  | ,   |                                    | , .                                 |   | · ·               |
|                                 | e space, attach a separate sl                              |   | ombine the informatio                         | ir ior air employe                 | ers for that perso                  | on the lines below. If                          | you need          |
|                                 |  |   |   | F                                  | or Debtor 1                         | For Debtor 2 or non-filing spouse               |                   |
| 2.                              |  | s, salary, and commissions (bonthly, calculate what the month   |   | 2. \$                              | 0.00                                | \$ <b>N/A</b>                                   | -                 |
| 3.                              | Estimate and list monthly                                  | y overtime pay.   |   | 3. +\$                             | 0.00                                | +\$ <b>N/A</b>                                  | -                 |
| 4.                              | Calculate gross Income.                                    | Add line 2 + line 3.  |   | 4. \$                              | 0.00                                | \$N/A_  |                   |

Official Form 106I Schedule I: Your Income page 1

|     |  |  |                   | F     | For Debtor 1 |  |                            | or Debtor<br>on-filing s |                                 |        |
|-----|--|--|-------------------|-------|--------------|--|----------------------------|--------------------------|---------------------------------|--------|
|     | Сору                                   | / line 4 here  | 4.                | 9     | <u> </u>     | 0.00   |                            | <u>-</u>                 | N/A                             |        |
| 5.  | List a                                 | all payroll deductions:  |                   |       |              |  |                            |                          |                                 |        |
| ٠.  | 5a.                                    | Tax, Medicare, and Social Security deductions  | 5a.               | 9     | :            | 0.00   | \$                         |                          | N/A                             |        |
|     | 5b.                                    | Mandatory contributions for retirement plans   | 5b.               |       |              | 0.00   |                            |                          | N/A                             |        |
|     | 5c.                                    | Voluntary contributions for retirement plans   | 5c.               | 9     |              | 0.00   | - 1.                       |                          | N/A                             |        |
|     | 5d.                                    | Required repayments of retirement fund loans   | 5d.               | ,     |              | 0.00   |                            |                          | N/A                             |        |
|     | 5e.                                    | Insurance  | 5e.               | 9     |              | 0.00   |                            |                          | N/A                             |        |
|     | 5f.                                    | Domestic support obligations   | 5f.               | 9     |              | 0.00   |                            |                          | N/A                             |        |
|     | 5g.                                    | Union dues   | 5g.               | 9     | 3            | 0.00   | \$                         |                          | N/A                             |        |
|     | 5h.                                    | Other deductions. Specify:   | 5h                | + \$  | 3            | 0.00   | + \$                       |                          | N/A                             |        |
| 6.  | Add                                    | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | \$    |              | 0.00   | \$                         |                          | N/A                             |        |
| 7.  | Calc                                   | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                | \$    |              | 0.00   | \$                         |                          | N/A                             |        |
|     | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependence regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Food stamp benefit  Pension or retirement income | 8c.<br>8d.<br>8e. | 97 97 | 5 50         | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ |                          | N/A<br>N/A<br>N/A<br>N/A<br>N/A |        |
|     | 8h.                                    | Other monthly income. Specify:   | 8h                |       |              |  | + \$                       |                          | N/A                             |        |
| 9.  | Add                                    | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$    | 50           | 0.00   | \$                         |                          | N/A                             |        |
| 10  | Calc                                   | ulate monthly income. Add line 7 + line 9.   | 10. \$            |       | 500.00       | 1+[\$  |                            | N/A                      | = \$                            | 500.00 |
| 10. |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.               | _     | 300.00       | ] [  |                            | IN/A                     | ] [ _                           | 300.00 |
| 11. | Include other                          | e all other regular contributions to the expenses that you list in Sched de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are relify:   | our deper         |       |              |  | •                          | Schedule                 | e J.<br>+\$                     | 0.00   |
| 12. |  | the amount in the last column of line 10 to the amount in line 11. The that amount on the Summary of Schedules and Statistical Summary of Cees   |                   |       |              |  |                            |                          | \$                              | 500.00 |
| 13. | Do y∘                                  | ou expect an increase or decrease within the year after you file this fo<br>No.  | rm?               |       |              |  |                            |                          | Combine<br>monthly              |        |

| ] | No |
|---|----|
| _ |    |

Yes. Explain: Due to day care, debtor will be unemployed as of November 1, 2019.

Official Form 106I Schedule I: Your Income page 2

| Fill      | in this information to identify your case:   |                           |              |                                       |   |
|-----------|--|---------------------------|--------------|---------------------------------------|---|
| Deb       | otor 1 Brittany Lee Bivans   |                           | Check        | if this is:                           |   |
|           |  |                           |              | n amended filing                      |   |
|           | ouse, if filing)   |                           |              | supplement show<br>3 expenses as of t | ring postpetition chapter the following date: |
|           | ted States Bankruptcy Court for the: DISTRICT OF OREGON  |                           | _            | ·<br>IM / DD / YYYY                   |   |
|           |  |                           | IV           | IIVI / DD / 11111                     |   |
| 1         | nown)  |                           |              |                                       |   |
|           |  |                           |              |                                       |   |
| 0         | fficial Form 106J  |                           |              |                                       |   |
| S         | chedule J: Your Expenses   |                           |              |                                       | 12/15   |
| info      | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this funder (if known). Answer every question.                 |                           |              |                                       |   |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?   |                           |              |                                       |   |
|           | ■ No. Go to line 2.  |                           |              |                                       |   |
|           | ☐ Yes. Does Debtor 2 live in a separate household?   |                           |              |                                       |   |
|           | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses  | for Separate Househ       | old of Debto | r 2                                   |   |
| 2.        | Do you have dependents? ☐ No   | Tor Coparato Froncorr     | 0,000        |                                       |   |
| ۷.        | Do not list Debter 1 and Fill out this information for   | Dependent's relatio       | nship to     | Dependent's                           | Does dependent                                |
|           | Debtor 2. Yes. Fill out this information for each dependent  | Debtor 1 or Debtor 2      |              | age                                   | live with you?                                |
|           | Do not state the   | <b>D</b>                  |              | 4                                     | □ No  |
|           | dependents names.  | Daughter                  |              | 4 mos                                 | ■ Yes<br>□ No                                 |
|           |  | Son                       |              | 3                                     | ■ Yes   |
|           |  |                           |              |                                       | □ No  |
|           |  |                           |              |                                       | ☐ Yes   |
|           |  |                           |              |                                       | □ No  |
|           |  |                           |              | -                                     | ☐ Yes   |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes  |                           |              |                                       |   |
| Est       | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your say of a date after the bankruptcy is filed. If this is a suppolicable date. |                           |              |                                       |   |
| the       | lude expenses paid for with non-cash government assistance if value of such assistance and have included it on Schedule I: Y ficial Form 106I.)  | f you know<br>Your Income |              | Your expe                             | enses   |
| 4.        | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.  | nclude first mortgage     | 4. \$        |                                       | 0.00  |
|           | If not included in line 4:   |                           |              |                                       |   |
|           | 4a. Real estate taxes  |                           | 4a. \$       |                                       | 0.00  |
|           | 4b. Property, homeowner's, or renter's insurance   |                           | 4a. \$       |                                       | 0.00  |
|           | 4c. Home maintenance, repair, and upkeep expenses  |                           | 4c. \$       |                                       | 0.00  |
|           | 4d. Homeowner's association or condominium dues  |                           | 4d. \$       |                                       | 0.00  |
| 5.        | Additional mortgage payments for your residence, such as hor   | me equity loans           | 5. \$        |                                       | 0.00  |

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor is supported by family and domestic partner until child is older and debtor can then assist financially with household expenses.

| Debtor 2 (Spouse if, filing)  United States Bankrup  Case number (If known)  Official Form 10  Declaration  If two married people around the state of the state o | About an are filing together, but toperty by fraud in co   | Middle Name  Middle Name  DISTRICT OF OREGON  Individual  oth are equally respondankruptcy schedules connection with a bank | Last Name  Last Name  Debtor's Sch  nsible for supplying corre  or amended schedules. If | ct information.      | ☐ Check if this is an amended filing                               |
|--|--|---|--|----------------------|--|
| Debtor 2 (Spouse if, filing)  United States Bankrup  Case number (if known)  Declaration  two married people of two must file this form pears, or both. 18 U.S.  | of Name  Itcy Court for the:  Description  D | Middle Name DISTRICT OF OREGON  Individual oth are equally respondankruptcy schedules                                       | Last Name  Debtor's Sch  | ct information.      | amended filing   |
| Spouse if, filing)  First United States Bankrup  Case number if known)  Official Form 10  Declaration  two married people ou must file this form btaining money or prears, or both. 18 U.S.  | 26Dec<br>About an  are filing together, but toperty by fraud in co   | Individual oth are equally respondankruptcy schedules   | Debtor's Sch   | ct information.      | amended filing   |
| United States Bankrup Case number If known)  Official Form 10  Declaration  two married people two must file this form btaining money or prears, or both. 18 U.S.  | 26Dec<br>About an  are filing together, but toperty by fraud in co   | Individual oth are equally respondankruptcy schedules   | Debtor's Sch   | ct information.      | amended filing   |
| Official Form 10 Declaration two married people to must file this form totalining money or prears, or both. 18 U.S.  | About an are filing together, but toperty by fraud in co   | Individual oth are equally respon   | <b>Debtor's Sch</b> nsible for supplying corre  or amended schedules.                    | ct information.      | amended filing   |
| Official Form 10 Declaration two married people on must file this form potaining money or prears, or both. 18 U.S.   | are filing together, be nowhenever you file keeperty by fraud in co  | oth are equally respor<br>pankruptcy schedules<br>onnection with a bank   | nsible for supplying corre<br>or amended schedules. N                                    | ct information.      | amended filing   |
| Official Form 10 Declaration two married people ou must file this form braining money or prears, or both. 18 U.S.  | are filing together, be nowhenever you file keeperty by fraud in co  | oth are equally respor<br>pankruptcy schedules<br>onnection with a bank   | nsible for supplying corre<br>or amended schedules. N                                    | ct information.      | amended filing   |
| Declaration two married people ou must file this form btaining money or pr ears, or both. 18 U.S.  | are filing together, be nowhenever you file keeperty by fraud in co  | oth are equally respor<br>pankruptcy schedules<br>onnection with a bank   | nsible for supplying corre<br>or amended schedules. N                                    | ct information.      | 12   |
| two married people fou must file this form braining money or prears, or both. 18 U.S.  | are filing together, be nowhenever you file keeperty by fraud in co  | oth are equally respor<br>pankruptcy schedules<br>onnection with a bank   | nsible for supplying corre<br>or amended schedules. N                                    | ct information.      | **   |
| two married people fou must file this form braining money or prears, or both. 18 U.S.  | are filing together, be nowhenever you file keeperty by fraud in co  | oth are equally respor<br>pankruptcy schedules<br>onnection with a bank   | nsible for supplying corre<br>or amended schedules. N                                    | ct information.      | **   |
| two married people ou must file this form btaining money or prears, or both. 18 U.S.   | are filing together, b<br>n whenever you file b<br>operty by fraud in co   | oth are equally respor<br>pankruptcy schedules<br>onnection with a bank   | nsible for supplying corre<br>or amended schedules. N                                    | ct information.      | **   |
| Did you pay or a   |  | e who is NOT an attorr  | ney to help you fill out ba  | nkruptcy forms?      |  |
| ■ No   |  |   |  |                      |  |
| Yes. Name  | of person  |   |  |                      | ruptcy Petition Preparer's Notic<br>and Signature (Official Form 1 |
| Under penalty of that they are true  |  | at I have read the sumr   | mary and schedules filed   | with this declaratio | n and  |
| Y /c/ Brittany   |  |   |  |                      |  |
| ^ /3/ Dilitally  | Lee Bivans   |   | X  |                      |  |
| Brittany Lee<br>Signature of D   | Bivans   |   | Signature of D   | ebtor 2              |  |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill in this infor               | mation to identify you                      | r case:  |   |  |   |  |
|----------------------------------|---|--|---|--|---|--|
| Debtor 1                         | Brittany Lee Biv                            | ans  |   |  |   |  |
|                                  | First Name                                  | Middle Name  | Last Name   |  |   |  |
| Debtor 2<br>(Spouse if, filing)  | First Name                                  | Middle Name  | Last Name   |  |   |  |
| United States Ba                 | ankruptcy Court for the:                    | DISTRICT OF OREGON   |   |  |   |  |
|                                  | ., .,                                       |  |   |  |   |  |
| Case number (if known)           |   |  |   |  | Check if this is an                                   |  |
|                                  |   |  |   |  | amended filing  |  |
| Official Ea                      | vm 107                                      |  |   |  |   |  |
| Official Fo                      |   | Affairs for Individ  | luals Filing for B                                    | ankruntov  | 4/19  |  |
| Be as complete information. If r | and accurate as poss                        | ible. If two married people a  | re filing together, both are                          | equally responsible for sup<br>y additional pages, write you   | plying correct  |  |
| Part 1: Give                     | Details About Your Ma                       | arital Status and Where You  | Lived Before  |  |   |  |
| 1. What is you                   | ır current marital statı                    | ıs?  |   |  |   |  |
| ☐ Married                        | d   |  |   |  |   |  |
| ■ Not ma                         | ırried                                      |  |   |  |   |  |
| 2. During the                    | last 3 years, have you                      | lived anywhere other than  | where you live now?                                   |  |   |  |
| □ No                             | No  |  |   |  |   |  |
| Yes. Li                          | st all of the places you                    | ived in the last 3 years. Do no  | ot include where you live nov                         | I.   |   |  |
| Debtor 1 P                       | rior Address:                               | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                                     | ldress:  | Dates Debtor 2<br>lived there                         |  |
| 793 Beve<br>Keizer, O            |   | From-To:<br><b>2017 - March</b><br><b>2019</b>   | ☐ Same as Debtor                                      | 1  | ☐ Same as Debtor 1<br>From-To:                        |  |
| states and territor              | ries include Arizona, Ca                    |  | vada, New Mexico, Puerto R                            | ity property state or territor<br>ico, Texas, Washington and V |   |  |
| Part 2 Expla                     | in the Sources of You                       | r Income   |   |  |   |  |
| Fill in the tot                  | al amount of income yo                      | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part                        |  | ndar years?   |  |
| □ No                             |   |  |   |  |   |  |
| ■ Yes. Fi                        | Il in the details.                          |  |   |  |   |  |
|                                  |   | Debtor 1   |   | Debtor 2   |   |  |
|                                  |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |
|                                  | of current year until<br>ed for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$2,990.00  | ☐ Wages, commissions, bonuses, tips                            |   |  |
|                                  |   | ☐ Operating a business   |   | ☐ Operating a business   |   |  |
| Official Form 107                |   | Statement of Financial Aff   | airs for Individuals Filing for B                     | ankruptcy  | page 1  |  |

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Best Case Bankruptcy

Creditor's Name and Address

Dates of payment

Total amount
paid

Amount you
still owe

Was this payment for ...

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

☐ Yes

attorney for this bankruptcy case.

| 7.  | Within 1 year before you filed for bankrupto<br>Insiders include your relatives; any general pa<br>of which you are an officer, director, person in<br>a business you operate as a sole proprietor. 1<br>alimony. | rtners; relatives of any gen-<br>control, or owner of 20% or | eral partners; partner<br>r more of their voting | erships of which you | ou are a genera<br>ny managing a | al partner; corporations<br>gent, including one for |
|-----|---|--|--|----------------------|----------------------------------|---|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>  |  |  |                      |                                  |   |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                | Amount you still owe | Reason for                       | this payment  |
| 3.  | Within 1 year before you filed for bankrupto insider?   | cy, did you make any payı                                    | ments or transfer a                              | any property on a    | eccount of a de                  | ebt that benefited an                               |
|     | Include payments on debts guaranteed or cos   | igned by an insider.   |  |                      |                                  |   |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>   |  |  |                      |                                  |   |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid                                | Amount you still owe | Reason for Include cred          | this payment<br>litor's name                        |
| Par | rt 4: Identify Legal Actions, Repossession  | s, and Foreclosures  |  |                      |                                  |   |
| ).  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title                                     |  | , divorces, collectio                            |                      |                                  | t or custody  |
|     | Case number   | Nature of the case   | Court or agency                                  |                      | Status of th                     | ie case   |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address                               |  | rty repossessed, f                               | oreclosed, garni     | shed, attached                   | d, seized, or levied?  Value of the                 |
|     | Creditor Name and Address   | Explain what happened  | ı  | Date                 |                                  | property  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment became No  Yes. Fill in the details.   |  | uding a bank or fir                              | nancial institution  | n, set off any a                 | amounts from your                                   |
|     | Creditor Name and Address   | Describe the action the                                      | creditor took                                    | Date taker           | action was                       | Amount  |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No ☐ Yes   |  | rty in the possess                               | ion of an assigne    | ee for the bene                  | efit of creditors, a                                |
| Par | tt 5: List Certain Gifts and Contributions  |  |  |                      |                                  |   |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | tcy, did you give any gifts                                  | s with a total value                             | of more than \$60    | 00 per person                    | ?   |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts   |  | Date<br>the g        | s you gave<br>jifts              | Value   |
|     | Person to Whom You Gave the Gift and Address:   |  |  |                      |                                  |   |
|     |   |  |  |                      |                                  |   |

Case number (if known)

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Official Form 107

Debtor 1 Brittany Lee Bivans

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

| 14. | Within 2 years before you filed for bankru  ■ No  □ Yes. Fill in the details for each gift or co  |                     |   | s with a total        | value of more than                                      | \$600 to any charity?                     |
|-----|---|---------------------|---|-----------------------|---|---|
|     | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)   | otal                | Describe what you contributed   |                       | Dates you contributed                                   | Value                                     |
| Par | tt 6: List Certain Losses   |                     |   |                       |   |   |
| 15. | Within 1 year before you filed for bankrup or gambling?   | otcy or s           | ince you filed for bankruptcy, did yo   | ou lose anyth         | ning because of thef                                    | t, fire, other disaster                   |
|     | ■ No □ Yes. Fill in the details.  |                     |   |                       |   |   |
|     | how the loss occurred   | Include t           | e any insurance coverage for the lost<br>the amount that insurance has paid. List<br>the claims on line 33 of Schedule A/B: F | st pending            | Date of your loss                                       | Value of property<br>lost                 |
| Par | tt 7: List Certain Payments or Transfers  |                     |   |                       |   |   |
| 16. | Within 1 year before you filed for bankrup<br>consulted about seeking bankruptcy or p<br>Include any attorneys, bankruptcy petition pr  | reparing            | g a bankruptcy petition?  |                       |   | rty to anyone you                         |
|     | No  |                     |   |                       |   |   |
|     | Yes. Fill in the details.   |                     |   |                       | _   |   |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo   | ou                  | Description and value of any prope transferred  | rty                   | Date payment<br>or transfer was<br>made                 | Amount of payment                         |
|     | Corey B Smith<br>868 Commercial St NE<br>Salem, OR 97301<br>coreybsmithattorney@hotmail.com   |                     | Attorney Fees   |                       |   | \$200.00                                  |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that  No Yes. Fill in the details.  Person Who Was Paid Address                        | itors or            | to make payments to your creditors  | ?                     | r transfer any prope  Date payment or transfer was made | rty to anyone who<br>Amount of<br>payment |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alred No  Yes. Fill in the details. | r busine<br>made as | ss or financial affairs? s security (such as the granting of a secut on this statement.                                       | curity interest       | t or mortgage on your                                   | property). Do not                         |
|     | Person Who Received Transfer Address  Person's relationship to you  |                     | Description and value of property transferred   |                       | iny property or<br>received or debts<br>change          | Date transfer was made                    |
|     | Unknown Buyer   |                     | 2003 Honda Accord sold for<br>\$3500.00   | 2012 Kia<br>with equa | Soul in trade<br>al value                               | March 2018                                |

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4

Debtor 1 Brittany Lee Bivans

|     | beneficiary? (These are often called asset-protection devices.)   |  |   |                 |              |  |                                    |      |
|-----|---|--|---|-----------------|--------------|--|------------------------------------|------|
|     | ■ No □ Yes. Fill in the details.  |  |   |                 |              |  |                                    |      |
|     | Name of trust   |  | Description and v   | alue of the pro | perty trans  | ferred   | Date Transfer made                 | was  |
| Par | t 8: List of Certain Financia   | al Accounts, Insti   | ruments, Safe Deposit   | Boxes, and S    | torage Unit  | s  |                                    |      |
| 20. | sold, moved, or transferred?  |  | •   |                 |              | •  | •                                  | •    |
|     | Include checking, savings, m houses, pension funds, coop  No  |  |   |                 |              | t; snares in banks, cred                             | ait unions, brokera                | ıge  |
|     | Yes. Fill in the details.   |  |   |                 |              |  |                                    |      |
|     | Name of Financial Institutio<br>Address (Number, Street, City, Sta<br>Code)   |  | Last 4 digits of account number   | Type of acco    | ount or      | Date account was closed, sold, moved, or transferred | Last bala<br>before closin<br>trar |      |
| 21. | Do you now have, or did you cash, or other valuables?   | have within 1 ye   | ear before you filed for  | bankruptcy, a   | ny safe dep  | oosit box or other depo                              | sitory for securiti                | es,  |
|     | ■ No  |  |   |                 |              |  |                                    |      |
|     | Yes. Fill in the details.   |  |   |                 |              |  |                                    |      |
|     | Name of Financial Institution Address (Number, Street, City, Sta  | <del></del>  | Who else had acc<br>Address (Number, St<br>State and ZIP Code)            |                 | Describe     | the contents   | Do you still have it?              |      |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |  |   |                 |              |  |                                    |      |
|     | No Silling to the little  |  |   |                 |              |  |                                    |      |
|     | Yes. Fill in the details.   |  | Who also has as h   | ad access       | Deceribe     | the contents   | De veu etill                       |      |
|     | Name of Storage Facility<br>Address (Number, Street, City, Sta  | ate and ZIP Code)  | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                 | Describe     | the contents   | Do you still have it?              |      |
| Par | t 9: Identify Property You H  | lold or Control fo   | or Someone Else   |                 |              |  |                                    |      |
| 23. | Do you hold or control any p for someone.   | roperty that som   | eone else owns? Inclu   | ıde any propeı  | rty you borr | rowed from, are storing                              | g for, or hold in tru              | ıst  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                 |              |  |                                    |      |
|     | Owner's Name<br>Address (Number, Street, City, Sta  | ate and ZIP Code)  | Where is the prop<br>(Number, Street, City, St<br>Code)                   |                 | Describe     | the property   | V                                  | alue |
| Par | rt 10: Give Details About Env   | vironmental Infor  | mation  |                 |              |  |                                    |      |
| For | the purpose of Part 10, the fo  | llowing definition   | ns apply:   |                 |              |  |                                    |      |
|     | Environmental law means an  | vironmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or |   |                 |              |  |                                    |      |

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| 24. | Has   | as any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |   |                     |  |  |  |
|-----|-------|---|--|---|---------------------|--|--|--|
|     |       | No<br>Yes. Fill in the details.   |  |   |                     |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                             | Date of notice      |  |  |  |
| 25. | Hav   | e you notified any governmental unit of   | any release of hazardous material?   |   |                     |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |  |   |                     |  |  |  |
|     |       | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                             | Date of notice      |  |  |  |
| 26. | Hav   | e you been a party in any judicial or adm   | ninistrative proceeding under any envi                                     | ronmental law? Include settlements                            | s and orders.       |  |  |  |
|     |       | No<br>Yes. Fill in the details.   |  |   |                     |  |  |  |
|     |       | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case  | Status of the case  |  |  |  |
| Par | t 11: | Give Details About Your Business or   | Connections to Any Business  |   |                     |  |  |  |
| 27. | Witl  | hin 4 years before you filed for bankrupt   | •  |   | ny business?        |  |  |  |
|     |       | A sole proprietor or self-employed in   | •  | ·   |                     |  |  |  |
|     |       | ☐ A member of a limited liability comp  | any (LLC) or limited liability partnersh                                   | ip (LLP)  |                     |  |  |  |
|     |       | A partner in a partnership  |  |   |                     |  |  |  |
|     |       | ☐ An officer, director, or managing exe   | •  |   |                     |  |  |  |
|     |       | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |   |                     |  |  |  |
|     |       | No. None of the above applies. Go to Part 12.   |  |   |                     |  |  |  |
|     |       | Yes. Check all that apply above and fill  |  |   |                     |  |  |  |
|     | Bus   | siness Name<br>dress  | Describe the nature of the business  | Employer Identification numb<br>Do not include Social Securit |                     |  |  |  |
|     | (Nu   | mber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Dates business existed  |                     |  |  |  |
| 28. |       | nin 2 years before you filed for bankrupt<br>itutions, creditors, or other parties.   | cy, did you give a financial statement t                                   | to anyone about your business? Inc                            | clude all financial |  |  |  |
|     |       | No<br>Yes. Fill in the details below.   |  |   |                     |  |  |  |
|     |       | me<br>dress<br>mber, Street, City, State and ZIP Code)  | Date Issued  |   |                     |  |  |  |
|     |       | ·   |  |   |                     |  |  |  |

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Debtor 1 Brittany Lee B                      | ivans   | Case number (if known)   |
|--|---|--|
| Part 12: Sign Below                          |   |  |
|  | this Statement of Financial Af                                      | fairs and any attachments, and I declare under penalty of perjury that the answers   |
| are true and correct. I unde                 | rstand that making a false stat<br>result in fines up to \$250,000, | tement, concealing property, or obtaining money or property by fraud in connection, or imprisonment for up to 20 years, or both. |
| /s/ Brittany Lee Bivans                      |   |  |
| Brittany Lee Bivans<br>Signature of Debtor 1 |   | Signature of Debtor 2  |
| Date <u>October 23, 2019</u>                 |   | Date   |
| Did you attach additional pa                 | ages to Your Statement of Fina                                      | ancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| No   |   |  |
| ☐ Yes  |   |  |
| Did you pay or agree to pay                  | someone who is not an attorr  | ney to help you fill out bankruptcy forms?   |
| =  | ormore management and an accom-                                     |  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$75          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$335         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

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## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

## Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

# **United States Bankruptcy Court District of Oregon**

| In re   | Brittany Lee Bivans              |   | Case No.                                  |  |
|---------|----------------------------------|---|---|--|
|         |                                  | Debtor(s)                                       | Chapter 7                                 |  |
|         | VER                              | IFICATION OF CREDITOR                           | MATRIX                                    |  |
| The abo | ove-named Debtor hereby verifies | that the attached list of creditors is true and | correct to the best of his/her knowledge. |  |
| Date:   | October 23, 2019                 | /s/ Brittany Lee Bivans                         |   |  |
|         |                                  | Brittany Lee Bivans                             |   |  |
|         |                                  | Signature of Debtor                             |   |  |